	2002	UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # A13524 1. Entity Name SOUTH TAMPA, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS	
					DIVISION OF CORPORATION	
Principal Place of Business Mailing Address 5445 MARINER ST. #104 5445 MARINER ST. #104 TAMPA FL 33609-3415 TAMPA FL 33609-3415						02 APR - (5 PM 4: 00
Principal Place of Business 3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		#440		DUE BY MAY 1, 2002
5445 Mariner St. #110 5445 Mariner City & State City & State			St.	#110		4. FEI Number Applied For
Tampa, Zip	Country	Tampa, FL	Cour	ntry		59-2227331 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
33609	6. Name and Address of Current	33609-3415 Begistered Agent	US	SA T		7. Name and Address of New Registered Agent
	or viamo diperiodiciono di portoni	1491212144 29011		Name		. Tallio and Address of Nell Augustores Agent
IRVING, PETER 5445 MARINER ST #104 TAMPA FL 33609-3415					et Address (P.O. Box Number is Not Acceptable) 5445 Mariner St. #110	
				City	ımpa,	FL Zip Code 24.15
8. The above	named entity submits this statement for	the purpose of changing its r	egister			FL 33609-3415 red agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applit as te.				4-12 - 02
9. Capital Co		10. Amount of Capital in FLORIDA to da		butions #5.0	6788	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
				IUST BE F	REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12.	GENERAL PARTNER		13.	.,		ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	BAXTER, GEORGE J.			EET ADDRESS	4963	3 Bacopa Lane So. Apt 803
CITY-ST-ZIP	TAMPA FL		CITY	-ST-ZIP	St.	Petersburg, FL 33715
DOCUMENT # NAME STREET ADDRESS	IRVING, PETER 14900 GULF BLVD. #402			ET ADDRESS		
CITY-ST-ZIP DOCUMENT#	MADEIRA BCH. FL			-ST-ZIP		7000052898973 -04/17/0201064021
NAME STREET ADDRESS CITY-ST-Z!?•	KERR, ROBERT S. 12501 NO. MAY AVE.	, -		ET ADORESS - -ST-ZIP		****526.25 ****526.25
DOCUMENT AND NAME	OKLAHOMA CITY OK		STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	ļ		CITY	-ST-ZIP		·······
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		· ·
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP		
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for t that my signature shall have th	the exe	mption state	ed in Sec t as if ma	ction 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or

SIGNATURE: Peter Irving, Gen.Ptr. 4-12-02 813-282-1873